



IDAHO DEPARTMENT OF
HEALTH & WELFARE

COPY

C. L. "BUTCH" OTTER, GOVERNOR
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BUREAU OF FACILITY STANDARDS
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May 12, 2010

Rene Stephens
Hillcrest Home
1411 Falls Avenue East, Suite 703
Twin Falls, ID 83301

RE: Hillcrest Home, provider #13G048

Dear Ms. Stephens:

This is to advise you of the findings of the Medicaid/Licensure survey of Hillcrest Home, which was conducted on May 7, 2010.

Enclosed is a Statement of Deficiencies/Plan of Correction Form CMS-2567, listing Medicaid deficiencies and a similar form listing State licensure deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction. **It is important that your Plan of Correction address each deficiency in the following manner:**

1. Answer the deficiency statement, specifically indicating how the problem will be, or has been, corrected. Do not address the specific examples. Your plan must describe how you will ensure correction for all individuals potentially impacted by the deficient practice.
2. Identify the person or discipline responsible for monitoring the changes in the system to ensure compliance is achieved and maintained. This is to include how the monitoring will be done and at what frequency the person or discipline will do the monitoring.
3. Identify the date each deficiency has been, or will be, corrected.
4. Sign and date the form(s) in the space provided at the bottom of the first page.

Rene Stephens
May 12, 2010
Page 2 of 2

5. Include dates when corrective action will be completed. 42 CFR 488.28 states ordinarily a provider is expected to take the steps needed to achieve compliance within 60 days of being notified of the deficiencies. Please keep this in mind when preparing your plan of correction. For corrective actions which require construction, competitive bidding, or other issues beyond the control of the facility, additional time may be granted.

Sign and date the form(s) in the space provided at the bottom of the first page.

After you have completed your Plan of Correction, return the original to this office by **May 24, 2010**, and keep a copy for your records.

You have one opportunity to question cited deficiencies through an informal dispute resolution process. To be given such an opportunity, you are required to send your written request and all required information as directed in Informational Letter #2007-02. Informational Letter #2007-02 can also be found on the Internet at:

<http://www.healthandwelfare.idaho.gov/site/3633/default.aspx>

This request must be received by May 24, 2010. If a request for informal dispute resolution is received after May 24, 2010, the request will not be granted. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action.

Thank you for the courtesies extended to us during our visit. If you have questions, please call this office at (208) 334-6626.

Sincerely,

M. Williams

MONICA WILLIAMS
Health Facility Surveyor
Non-Long Term Care

Nicole Wisenor

NICOLE WISENOR
Co-Supervisor
Non-Long Term Care

MW/mlw

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/11/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G048	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/07/2010
NAME OF PROVIDER OR SUPPLIER HILLCREST HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 2115 HILLCREST DRIVE TWIN FALLS, ID 83301		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 000	INITIAL COMMENTS The following deficiency was cited during the annual recertification survey. The survey was conducted by: Monica Williams, QMRP, Team Leader Barbara Dern, QMRP Common abbreviations/symbols used in this report are: QMRP - Qualified Mental Retardation Professional	W 000			
W 112	483.410(c)(2) CLIENT RECORDS The facility must keep confidential all information contained in the clients' records, regardless of the form or storage method of the records. This STANDARD is not met as evidenced by: Based on observation and staff interviews, it was determined the facility failed to ensure all information was kept confidential for 6 of 6 individuals (Individuals #1 - #6) whose full names and birthdays were noted to be posted in the kitchen of the facility. This resulted in individuals' information being available to other individuals, visitors, and non-staff. The findings include: During an observation on 5/4/10 from 1:15 - 2:25 p.m., it was noted a list of birthdays was posted on the bulletin board in the kitchen. The list identified Individuals #1 - #6 by their first and last names along with their birthdays. When asked, a present staff stated they did not know how long it had been there and proceeded to remove the list from the bulletin board. When asked, the QMRP stated on 5/6/10 at 3:20	W 112	W112: Individual information that is considered protected will be secured in a fashion that will not allow any person entering the facility to gain access. Semiannual mock survey process to review the program and processes in the facility will be conducted to ensure that protected client information is not on display. Semiannual mock survey process and more frequent site visits from QMRP(s) and Quality Assurance Manager to review the program and processes in the facility will be conducted to ensure that protected client information is not on display. In addition, a review of HIPPA occurred during the All Facility Staff meeting on 5/19/2010. A peer based quality assurance process will be implemented by instructing all staff to assess their environments and remove and/or report any violations of confidentiality. Semiannual mock survey process to review the program and processes in the facility will be conducted to ensure that protected client information is not on display. Responsible: QMRP and Quality Assurance Manager, Administrator Date of correction: 06-30-2010		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W 112	Continued From page 1 p.m., he was not aware individuals' full names and birthdays were posted on the bulletin board and they should not have been posted. The facility failed to ensure all information was kept confidential for Individuals #1 - #6.	W 112			

Bureau of Facility Standards

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MM199	16.03.11.075.11 Assurance of Confidentiality Assurance of Confidentiality. Each resident admitted to the facility must be assured confidential treatment of his personal and medical records, and must be permitted to approve or refuse their release to any individual outside the facility except: This Rule is not met as evidenced by: Refer to W112.	MM199	MM199: See response to W112	
MM271	16.03.11.100.04(b) Storage of Toxic Chemicals All toxic chemicals must be properly labeled and stored under lock and key. This Rule is not met as evidenced by: Based on observation, it was determined the facility failed to ensure all toxic chemicals were stored under lock and key for 6 of 6 individuals (Individuals #1 - #6) residing in the facility. This resulted in the potential for individuals having access to toxic chemicals. The findings include: 1. During an environmental review on 5/5/10 from 12:25 - 1:10 p.m., the following toxic chemicals were found to be unlocked: - There were 2 large opened bags of Ice Melt, both labeled "Harmful if swallowed," on the floor in the garage. - A bag containing Acetone-based nail polish remover and Manicure in a Minute, an acetone based product, was in a living room closet. The Housekeeper was notified of the unlocked chemicals at 1:05 p.m. on that day. She proceeded to secure the items.	MM271	MM271: Ice Melt was removed from the general environment upon the reported discovery. Ice Melt will continue to be secured in a safe location. Nail polish was removed from the general environment and will be secured as part of an ongoing quality assurance process. Responsible: Facility Manager, Quality Assurance Manager, Administrator Date of correction: 6-3-2010	

Bureau of Facility Standards

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6599

RUWX11

TITLE

(X6) DATE

Administrator 6/4/10

If continuation sheet 1 of 4

Bureau of Facility Standards

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MM380 MM380	Continued From page 1 16.03.11.120.03(a) Building and Equipment The building and all equipment must be in good repair. The walls and floors must be of such character as to permit frequent cleaning. Walls and ceilings in kitchens, bathrooms, and utility rooms must have smooth enameled or equally washable surfaces. The building must be kept clean and sanitary, and every reasonable precaution must be taken to prevent the entrance of insects and rodents. This Rule is not met as evidenced by: Based on observation, it was determined the facility failed to ensure the facility was kept in good repair for 6 of 6 individuals (Individuals #1 - #6) residing in the facility. This resulted in the environment being kept in ill-repair. The findings include: During an environmental review on 5/5/10 from 12:25 - 1:10 p.m., the following concerns were noted: Living Room: - The living room carpet contained two 1 and 1/2 foot stained areas. - The handle on the door leading to the hot water heater was loose. Kitchen: - The 2 lower walls leading into the kitchen contained multiple black marks. - One large cookie sheet and a 6-muffin tin contained baked-on grease. Dining Room: - The seats and backs of four upholstered chairs were torn. Laundry Room:	MM380 MM380	MM380: Carpets in the living area have been professionally cleaned. Handle on the door to the water heater closet will be repaired. Walls leading to the kitchen will be repaired and painted. Baked on grease on cookie sheet and muffin tin will be removed or disposed of. Kitchen chairs will be repaired of tears in upholstery. Backflow device will be installed on mop sink. Items will be cleared from behind the dryer and the washing machine. Mop buckets will be cleaned nightly. Front and back bathrooms will have walls painted. Under sink area will be cleared of socks or other unnecessary items. Shower curtains will be cleaned or replaced. (Free of 'brown matter') Shower basins will be kept clean daily. (Free of 'brown matter') Individual #3's room will have walls cleaned and painted (free of black marks) Individual #5's room will have door handle repaired. Individual #6's bedspread will be repaired or replaced. Individual #6's closet will have new hangers, clothes and other items restored to a presentable condition, and urine smell was removed with an enzyme purchased. Responsible: Facility Manager, Quality Assurance Manager, Administrator Date of correction: 7-10-2010	

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MM380	<p>Continued From page 2</p> <ul style="list-style-type: none"> - The laundry room sink contained a hose attached to the faucet without a backflow device in place. - There was a sheet and a towel between the wall and the dryer. There were socks and a washcloth behind the dryer. - The mop bucket contained dirty water. <p>Front Bathroom:</p> <ul style="list-style-type: none"> - There were areas of missing paint, approximately 1 foot in diameter, on the wall near the toilet. - There was a pair of socks on top of the toilet brush, located under the sink. <p>Back Bathroom:</p> <ul style="list-style-type: none"> - There were areas of missing paint, approximately 1 foot in diameter, on the wall containing the light switch. - There was a brown residue on the floor of the shower. - There was brown matter on the bottom of the shower curtain. <p>Individual #3's Bedroom:</p> <ul style="list-style-type: none"> - There were areas of missing paint, approximately 3 feet in diameter, on the wall near his bed. - There were areas of missing paint, approximately 1 foot in diameter, on the wall containing the light switch. - There were black marks on the wall above his bed that were approximately 1 and 1/2 feet long. <p>Individual #5's Bedroom:</p> <ul style="list-style-type: none"> - The handle of his bedroom door was loose. <p>Individual #6's Bedroom:</p> <ul style="list-style-type: none"> - His bedspread was torn exposing polyester filling. 	MM380			

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MM380	Continued From page 3 - There were shoes, hangers, clothes and other items piled on the floor of his closet. - The room had a strong smell of urine.	MM380			